

RECORD
N. B.—In case of twins, make for each, and the number of each in order of birth stated.

PLACE OF BIRTH

1. County of Pima
District of Parial
Town of _____
or
City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 183
County Registrar No. _____
Local Registrar No. _____

2. Full name of child May Hado
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child { To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 6. Legitimate? yes
Female 5. No., in order of birth. _____ 7. Date of birth 4 22 25
Month Day Year

8. FATHER
Full name Seldon Hado

14. MOTHER
Full maiden name Leona (?)

9. Residence (Usual place of abode) Globe Ariz
If non-resident, give place and state.

15. Residence (Usual place of abode) Globe Ariz
If non-resident, give place and state.

10. Color or race 4/4 Indian
11. Age at last birthday 47 (Years)

16. Color or race 4/4 Indian
17. Age at last birthday 43 (Years)

12. Birthplace (city or place) Rice Ariz
(State or country)

18. Birthplace (city or place) Rice Ariz
(State or country)

13. Occupation S. P. Ry. Laborer
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother { (a) Born alive and now living 11
(b) Born alive but now dead 10
(c) Stillborn 0
(Taken as of time of birth of child herein certified and including this child.)

21. Were precautions taken against ophthalmia neonatorum? No

Report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was born alive at 4 A m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature R. H. Sawyer (Physician or midwife).
Address San Carlos Ariz

Given name added from _____
a supplemental report. _____
Month, day, year _____

Registrar _____ Filed _____, 19 _____
County Registrar.

486-422-300